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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005131**

1. Corporation Name
UTILICORE CORPORATION

Principal Place of Business	Mailing Address
~~2155 MAIN STREET~~ 1549 State Street SARASOTA FL ~~34237~~ 34236	~~2155 MAIN STREET~~ 8466 N. Lockwood Ridge Rd. SARASOTA FL ~~34237~~ Suite 261 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 10/01/1997
4. FEI Number: 65-0766749 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BEDNARSH, DAVID
~~2155 MAIN STREET~~ 1549 State Street
SARASOTA FL ~~34237~~ 34236

10. Name and Address of New Registered Agent

81 Name: Harvey JUDKOWITZ
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 5400
83: 200 S. Biscayne Blvd
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named ...ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corp... of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGN HERE

SIGNATURE _____ (NOTE: Registered Agent signature ...asing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ...DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	BEDNARSH, DAVID		1.2 NAME	Harvey JUDKOWITZ
STREET ADDRESS	2155 MAIN STREET		1.3 STREET ADDRESS	Suite 5400 - 200 S. Biscayne Blvd
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP	Miami FL 33131
TITLE	~~PD~~	☐ DELETE	2.1 TITLE	Exec. V.P. ☐ Change ☒ Addition
NAME	~~Harv~~		2.2 NAME	Henry Karett
STREET ADDRESS			2.3 STREET ADDRESS	11 Darby Court
CITY-ST-ZIP			2.4 CITY-ST-ZIP	New Providence, NJ 07974-1622
TITLE		☐ DELETE	3.1 TITLE	Exec. V.P. ☐ Change ☒ Addition
NAME			3.2 NAME	Robert Miscavage
STREET ADDRESS			3.3 STREET ADDRESS	1549 State Street
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-12-99 305-379-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #